COMPREHESIVE REHAB HOSPITAL DATA
(INCLUDES DATA BEGINNING 1993)
PUBLIC DATA FILE LAYOUT
Revised 5/25/2010

ITEM	FIELD NAME	FREQUENCY
1.	System Record ID Number	
2.	Reporting Year	
3.	Reporting Quarter	
4.	Data Type	
5.	Pro Code	
6.	Mod Code	
7.	Facility Region	
8.	Facility County	
9.	Facility Number	
10.	Patient Zip Code	
11.	Patient Age at Admission	
12.	Patient Race	
13.	Patient Sex (Gender)	
14.	Length of Stay	
15.	Primary Condition	
16.	Source of Admission	
17.	Discharge Status	
18.	Principal Payer	
19.	Day of Week Admitted	
20.	Patient County (Florida Only)	
21.	Patient State of Residence	
22.	Attending Physician ID	
23.	Total Gross Charges	

COMPREHESIVE REHAB HOSPITAL DATA FILE
PUBLIC DATA FILE LAYOUT

> *Note: The public data file contains data elements from Chapter 59E-7, Florida Administrative Code (F.A.C.), as well as additional calculated fields. For more information please visit http://www.floridahealthfinder.gov or visit http://www.ahca.myflorida.com/SCHS/data.shtml.*

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
1. **System Record ID** **SYS_RECID**	A unique numeric system record identification (ID) number.
2. **Reporting Year:** **YEAR**	A four digit number identifying the year in which the discharges occurred.
3. **Reporting Quarter:** **QTR**	A single digit number identifying the calendar quarter in which the data pertains to. **1** – January through March **2** – April through June **3** – July through September **4** – October through December
4. **Data Type** **DATA_TYPE**	This field is blank.
5. **Pro Code** **PROCODE**	The Procode is a two digit number that is assigned to the reporting facility to indicate the facility's type of license for patient services. **23**- Hospital
6. **Mod Code** **MOD_CODE**	An alphanumeric four character code that is assigned to the facility to indicate the specialty type of facility. **CL09 –** Class 3 Hospital Rehabilitation
7. **Facility Region** **FAC_REGION**	A two digit code reprensenting the facility region. The Facility Region is a number assigned to health care facilities to indicate the facility's location by AHCA district, as defined in 408.032 (5), Florida Statutes (See attached description of Facility Regions).
8. **Facility County** **FAC_COUNTY**	A two digit code representing the facility county. The Facility County is a number assigned to indicate the facility's location by county. (See attached description of Facility Regions).
9. **Facility Number:** **FACLNBR**	A hospital identification number assigned by the agency for reporting purposes.
10. **Patient Zip Code** **zipcode**	The patient's permanent residence zip code. Zip codes are reported as indicated below for homeless patients, foreign residences, and where efforts to obtain the information were unsuccessful. A required entry. **00000** – Unknown ZIP Code **00007** – Homeless **00009** – Foreign Patient

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
11.	**Patient Age at Admission:** **AGE**	The patient's age on the admission date.
12.	**Patient Race:** **RACE**	A Single Digit Code Identifying The Patient's Racial/Ethnic Background. **1** – American Indian/Eskimo/Aleut **2** – Asian Or Pacific Islander **3** – Black **4** – White **5** – White Hispanic **6** – Black Hispanic **7** – Other (If None Of The Above) **8** – No Response (Data Not Available)
13.	**Patient Sex:** **SEX**	A Single Digit Code. **1** – Male **2** – Female
14.	**Length of Stay:** **LOSDAYS**	Represents the number of days elapsed from the admission date to the discharge date. A patient discharged on the same day admitted will have a length of stay of zero (0).
15.	**Primary Condition Code:** **PRIMCOND**	A two digit code representing the primary condition requiring treatment. Primary condition, established after study is found to be chiefly responsible for occasioning the admission of the patient to the hospital for inpatient rehabilitation services. **01** – Stroke **02** – Spinal Cord Injury **03** – Congenital Deformity **04** – Amputation **05** – Major Multiple Trauma **06** – Fracture of the femur (hip fracture) **07** – Brain Injury **08** – Poly-arthritis, including Rheumatoid arthritis **09** – Neurological disorders, including multiple sclerosis, motor neuron diseases, polyneuropathy, muscular dystrophy and Parkinson's disease. **10** – Burns **11** – All conditions requiring intensive rehabilitation services not assigned to categories 01 – 10.
16.	**Source Of Admission:** **ADMSRC**	A one digit code. **1** – **Physician Referral.** The patient was admitted upon the recommendation of his or her personal physician. **2** – **Clinic Referral.** The patient was admitted upon the recommendation of a clinic physician from this hospital. **3** – **HMO Referral.** The patient was admitted upon the recommendation of a health maintenance organization physician. **4** –**Hospital Transfer.** The patient was admitted as a transfer from an acute care facility where he/she was an inpatient. **5** –**Skilled Nursing Home Facility Transfer.** The patient was admitted as a transfer from a skilled nursing home facility where he/she was an inpatient. **6** – **Transfer –Other Facility.** The patient was admitted as a transfer from a health Care facility other than an acute care facility or a skilled nursing facility. **7** – **Emergency Room.** The patient was admitted upon the recommendation of this facility's emergency room physician. **8** – **Court/Law Enforcement.** The patient was admitted at the direction of a court of law, or upon the request of a law enforcement agency representative. **9** – **Other.** Information not available or unknown.

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
17.	**Discharge Status:** **DISCHSTAT**	A two digit code representing the patient's discharge status (from the hospital). **01** – Discharged Home **02** – Discharged To A Short-Term General Hospital **03** – Discharged To A Skilled Nursing Facility **04** – Discharged To An Intermediate Care Facility **05** – Discharged To Another Type Of Institution **06** – Discharged To Home Care Under Supervision Of A Home Healthcare Organization **07** – Left This Facility Against Medical Advice **08** – Discharged Home On IV Medications **20** – Expired
18.	**Principal Payer:** **PAYER**	A Single Character Alpha Code Identifying The Primary Source Of Expected Reimbursement To The Hospital For Service. **A** – Medicare **B** – Medicare HMO **C** – Medicaid **D** – Medicaid HMO **E** – Commercial Insurance **F** – Commercial HMO **G**– Commercial PPO **H** – Workers' Compensation **I** – Champus **J** – VA **K** –Other State/Local Government **L** – Self Pay/Underinsured (No Third Party Coverage Or Less Than 30% Estimated Coverage) **M** –Other
19.	**Day of Week Admitted:** **WEEKDAY**	A single digit code representing the day of the week the patient was admitted to the hospital. **1** – Monday **2** – Tuesday **3** – Wednesday **4** – Thursday **5** – Friday **6** – Saturday **7** – Sunday
20.	**Patient County (Florida Only):** **PTCOUNTY**	The county of residence for Florida patients only. The patient's zip code is used to reference the U.S. Postal Service database. If a zip code crosses county lines, the county code will contain the code of the county in which the greatest portion of that zip code lies. **99** Unknown or non-Florida patient
21.	**Patient State Of Residence:** **PTSTATE**	A two character alpha code. The patient's state of residence. The patient's zip code is used to reference the U.S. Postal Service standard state or territory. **XX** Unknown state of residence

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
22.	**Attending Physician ID:** **ATTEN_PHYID**	An 11 character alpha-numeric field. The Florida license number of the physician having primary responsibility for the patient's care and treatment, or who certifies the comprehensive rehabilitation treatment.. *(Some license ID numbers reflect an added "FL" in the front.)*
23.	**Total Gross Charges:** **TCHGS**	Total dollars charged to the patient (before any discounts). Rounded to the nearest dollar. No negative numbers.

FLORIDA LOCAL HEALTH COUNCIL DISTRICTS (FACILITY REGIONS)

LOCAL HEALTH COUNCIL	COUNTIES
1	Escambia, Okaloosa, Santa Rosa And Walton
2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla And Washington
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee And Union
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns And Volusia
5	Pasco And Pinellas
6	Hardee, Highlands, Hillsborough, Manatee And Polk
7	Brevard, Orange, Osceola And Seminole
8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee And Sarasota
9	Indian River, Martin, Okeechobee, Palm Beach And St. Lucie
10	Broward
11	Miami-Dade And Monroe

FLORIDA COUNTIES BY NUMBER AND REGION

NUMBER	COUNTY	REGION	NUMBER	COUNTY	REGION
1	Alachua	3	35	Lake	3
2	Baker	4	36	Lee	8
3	Bay	2	37	Leon	2
4	Bradford	3	38	Levy	3
5	Brevard	7	39	Liberty	2
6	Broward	10	40	Madison	2
7	Calhoun	2	41	Manatee	6
8	Charlotte	8	42	Marion	3
9	Citrus	3	43	Martin	9
10	Clay	4	44	Monroe	11
11	Collier	8	45	Nassau	4
12	Columbia	3	46	Okaloosa	1
13	Miami-Dade	11	47	Okeechobee	9
14	DeSoto	8	48	Orange	7
15	Dixie	3	49	Osceola	7
16	Duval	4	50	Palm Beach	9
17	Escambia	1	51	Pasco	5
18	Flagler	4	52	Pinellas	5
19	Franklin	2	53	Polk	6
20	Gadsden	2	54	Putnam	3
21	Gilchrist	3	55	St. Johns	4
22	Glades	8	56	St. Lucie	9
23	Gulf	2	57	Santa Rosa	1
24	Hamilton	3	58	Sarasota	8
25	Hardee	6	59	Seminole	7
26	Hendry	8	60	Sumter	3
27	Hernando	3	61	Suwannee	3
28	Highlands	6	62	Taylor	2
29	Hillsborough	6	63	Union	3
30	Holmes	2	64	Volusia	4
31	Indian River	9	65	Wakulla	2
32	Jackson	2	66	Walton	1
33	Jefferson	2	67	Washington	2
34	Lafayette	3	99	Unknown	N/A_